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## BIB DATA SHEET

CONFIRMATION NO. 3292

<b>SERIAL NUMBER</b> 09/658,160	<b>FILING or 371(c) DATE</b> 09/08/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> S101-DIV	
<b>APPLICANTS</b> Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/225,267 01/05/1999 PAT 6,165,192 <i>h yes</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> <i>hnm</i> 10/27/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<input type="checkbox"/> Met after Allowance <b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> SECOND SIGHT MEDICAL PRODUCTS, INC. 12744 SAN FERNANDO ROAD BUILDING 3 SYLMAR, CA 91342 UNITED STATES					
<b>TITLE</b> Method and apparatus for intraocular electrode inserter					
<b>FILING FEE RECEIVED</b> 585	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		